



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 26, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Lincoln Meadows Social Hall, 3235 North 35<sup>th</sup> Street requesting a class I liquor license.

This location was previously known as Simply Paradise Social Hall which held a liquor license

Frank Schmal, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Frank Schmal was born in Lincoln, Nebraska. He attended Wesleyan College graduating in 1991.

Mr. Schmal has been employed at the USDA since 1990. The required training will be completed on June 11<sup>th</sup> 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 day = 7/6/09

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**  
**CHECK DESIRED CLASS(S)****RETAIL LICENSE(S)**

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

**MISCELLANEOUS**

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**

(commission will call this person with any questions we may have on this application)

Name Darrell K Stock Phone number: (402) 474-8690

Firm Name Darrell K Stock P.C. L.L.O.

PREMISE INFORMATION

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Trade Name (doing business as) Lincoln Meadows Social Hall

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Street Address #1 3235 N 35th St

Street Address #2 \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSION

City Lincoln

County Lancaster

Zip Code 68504

Premise Telephone number (402) 525-5925

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name FRANK Schmal

Street Address

#1 ~~5957 ARROWWOOD~~ 7651 BALDWIN AVE

Street Address

#2 \_\_\_\_\_

City LINCOLN

State NE

Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

see attached

50' X 122'8" or 6,134.55  
519" X 17'6" or 100.55

TOTAL 6,234.55

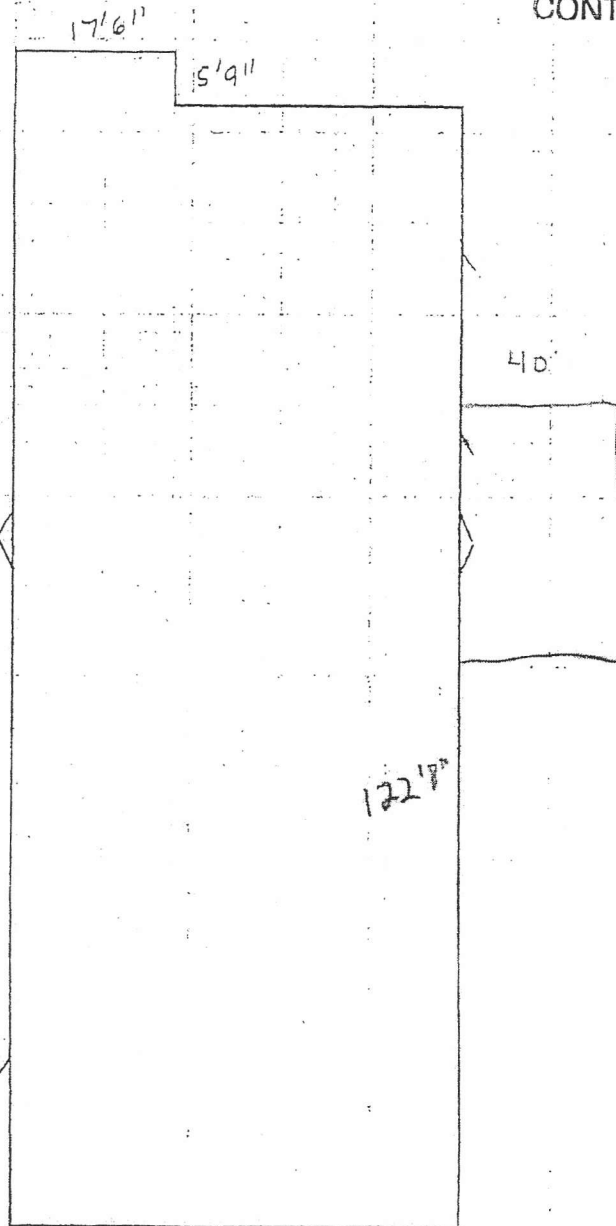
14' STORY HEIGHT 1 story

NO BASEMENT

RECEPTION HALL  
**RECEIVED**  
311 NORTH 35TH STREET

LINCOLN, NE 68503  
MAY 08 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION



NORTH 35TH STREET



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR  
CONTROL COMMISSION

### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. § 58-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR  
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Lincoln USDA Federal Credit Union - Persons listed on application

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NONE

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Frank Schmal III		Training needed

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date April 30 2010

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? July 1st 2009

15. What will be the main nature of business? Banquet reception event center

16. What are the anticipated hours of operation? 7:00 a.m. - 1:00 a.m.

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
FRANK SCHMAL III: Lincoln NE	1967 current	Heidi Schmal: Lincoln NE	1971 current
FRANK SCHMAL JR: Lincoln NE	1941 current	Vanda Schmal: Lincoln NE	1944 current
Homer Hoxie: Lincoln NE	1956 current	MARY KAY Hoxie: Lincoln NE	1963 current

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The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business of the partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

*[Signature]*

Signature of Applicant

*[Signature]*

Signature of Applicant

*[Signature]*

Signature of Applicant

Signature of Applicant

Signature of Applicant

*[Signature]*

Signature of Spouse

*[Signature]*

Signature of Spouse

*[Signature]*

Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this May 7, 2009 by

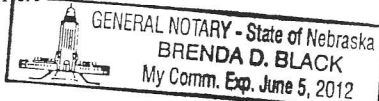
*[Signature]*  
Notary Public signature

County of Lancaster

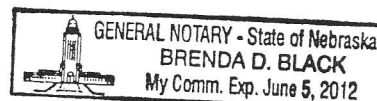
The foregoing instrument was acknowledged before me this May 7, 2009 by

*[Signature]*  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: \_\_\_\_\_

Name of Corporation that will hold license as listed on the Articles

Lincoln Meadows Social Hall, Inc.

Corporation Address: 7651 Baldwin Ave

City: LINCOLN State: NE Zip Code: 68507

Corporation Phone Number: (402) 525-5925 Fax Number N/A

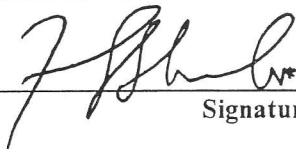
Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: SCHMAL III First Name: FRANK MI: J

Home Address: 5957 ARROWWOOD RD City: LINCOLN

State: NE Zip Code: 68526 Home Phone Number: (402) 486-0665



Signature of president

State of Nebraska

County of Lancaster

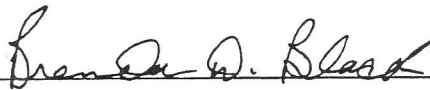
The foregoing instrument was acknowledged before me this

May 7, 2009

date

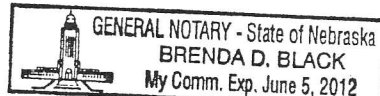
by Frank Schmal III

name of person acknowledged



Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spouse affidavit has been submitted)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Schmal III First Name: FRANK  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: President Number of Shares 1666.66  
Spouse Full Name (indicate N/A if single): Heidi Schmal  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: SCHMAL First Name: Heidi MI: B  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Shareholder Number of Shares 1666.66  
Spouse Full Name (indicate N/A if single): FRANK J SCHMAL III  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: ~~FRANK~~ Schmal JR First Name: FRANK MI: J  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Sec/Treas Number of Shares 1666.66  
Spouse Full Name (indicate N/A if single): VONDA SCHMAL  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: SCHMAL First Name: VONDA MI: K  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Shareholder Number of Shares 1666.66  
Spouse Full Name (indicate N/A if single): FRANK SCHMAL JR  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Hoxie First Name: Homer MI: NE

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President Number of Shares 1666.66

Spouse Full Name (indicate N/A if single): Mary K Hoxie

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: Hoxie First Name: Mary K MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Shareholder Number of Shares 1666.66

Spouse Full Name (indicate N/A if single): Homer Hoxie

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: December

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Lincoln Meadows Social Hall, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: Lincoln Meadows Social Hall

Premise Street Address: 3235 N 35th St

City: Lincoln State: NE Zip Code: 68504

Premise Phone Number: (402) 525-5925

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Frank Schell III - president

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: SCHMAL III First Name: FRANK MI: J

Home Address (include PO Box if applicable): 5957 ARROWWOOD RD

City: LINCOLN State: NE Zip Code: 68526

Home Phone Number: 402-486-0665 Business Phone Number: (402) 525-5925

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: LINCOLN, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: SCHMAL First Name: Heidi  
MI: B

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: LINCOLN NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
LINCOLN NE		1967 current	LINCOLN NE		1971 current

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	current	USDA - Office Chief Information Officer	Peggy McGrane	402-437-5048
1997	1999	Rural Metro Ambulance Service	Doug Wyatt	out of business

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

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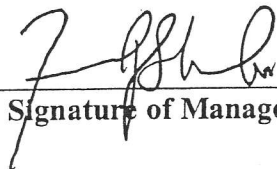
PERSONAL OATH AND CONSENT OF INVESTIGATION MAY 08 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
\_\_\_\_\_  
Signature of Manager Applicant

  
\_\_\_\_\_  
Signature of Spouse

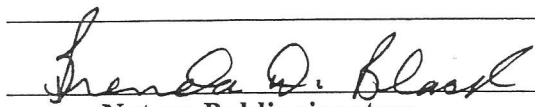
State of Nebraska

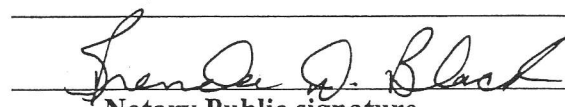
County of Lancaster

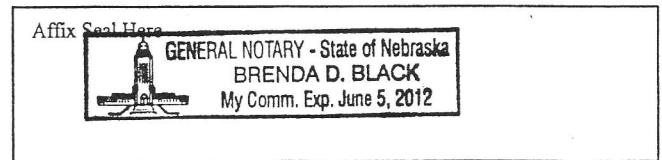
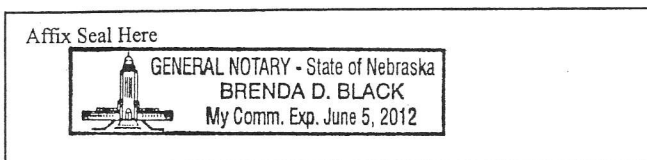
County of Lancaster

The foregoing instrument was acknowledged before me this May 7, 2009 by

The foregoing instrument was acknowledged before me this May 7, 2009 by

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



## STATE OF NEBRASKA

RECEIVED

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

MAY 08 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

DATE OF ISSUANCE

5/7/2009

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

PHS-796(VS) REV. 2-65  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

67 07122

## CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bryan Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> d. STREET ADDRESS <u>4931 J Street</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>Frank</u> b. (Middle) <u>Jerome</u> c. (Last) <u>Schmal III</u>		4. SEX <u>Male</u> 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year)	
7. FULL NAME a. (First) <u>Frank</u> b. (Middle) <u>Jerome</u> c. (Last) <u>Schmal Jr.</u> 8. COLOR OR RACE <u>White</u>		9. AGE (At time of this birth) <u>26</u> Yrs. 10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Lincoln, Nebraska</u> 11a. USUAL OCCUPATION <u>Register Nurse</u> 11b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>	
12. FULL MAIDEN NAME a. (First) <u>Vonda</u> b. (Middle) <u>Kathleen</u> c. (Last) <u>Mohr</u> 13. COLOR OR RACE <u>White</u>		14. AGE (At time of this birth) <u>22</u> Yrs. 15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Lincoln, Nebraska</u> 16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Vonda Kathleen Schmal-Mother</u>			
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>November 12, 1966</u> If serologic test not made, state reason why.....			
I hereby certify that this child was born alive on the date stated above at <u>10:16 p.m.</u>		18a. SIGNATURE <u>P. P. Heidrick, M. D.</u> 18b. ADDRESS <u>643 Stuart Building Lincoln, Nebraska</u>	
20. DATE REC'D BY LOCAL REG. <u>MAY 2 1967</u>		19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 21. MOTHER'S MAILING ADDRESS <u>4931 J Street Lincoln, Nebraska</u>	

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

MAR 8 1995

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

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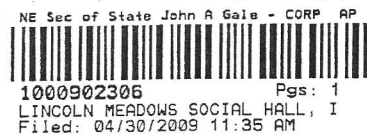
BIRTH NUMBER

CHILD—NAME			DATE OF BIRTH (MONTH, DAY, YEAR)	HOUR
1. Heidi	Bernell	Hostetler	2a. 9/2/71	2b. 5:15 p.
SEX	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	COUNTY OF BIRTH	
3. Female	4a. Single	4b.	5a. Lancaster	
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
5b. Lincoln		5c. Yes	5d. Lincoln General Hospital	
MOTHER—MAIDEN NAME			AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
6a. Terry Bernell Mosley			6b. 24	6c. Colorado
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION, zip code	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
7a. Nebraska	7b. Lancaster	7c. Lincoln 68506	7d. Yes	7e. 2343 South 40th
FATHER—NAME			AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8a. Ted Lee Hostetler			8b. 27	8c. Nebraska
INFORMANT—NAME OR SIGNATURE			RELATION TO CHILD	
9a. Mrs. Terry Hostetler			9b. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT—M.D., D.O., OTHER (SPECIFY)
10a. SIGNATURE			10b. 9/2/71	10c. M.D.
CERTIFIER—NAME			MAILING ADDRESS	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
10d. R. E. Garlinghouse, M.D.			10e. Lincoln, Nebraska	
REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR	
11a. [Signature]			MONTH DAY YEAR	
			11b. SEP 9 - 1971	

ARTICLES OF INCORPORATION

OF

LINCOLN MEADOWS SOCIAL HALL, INC.



The undersigned, Darrell K. Stock, acting as incorporator of a corporation under the Nebraska Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be Lincoln Meadows Social Hall, Inc.

ARTICLE II

The aggregate number of shares which this corporation shall have authority to issue is 10,000 shares of common stock having a par value of \$1.00 each.

All transfers of the shares of this corporation shall be made in accordance with the provisions of the By-Laws of the corporation.

ARTICLE III

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner now and hereafter permitted by law, and all rights conferred upon shareholders herein are granted subject to this reservation.

ARTICLE IV

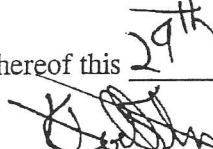
The address of the initial registered office of the corporation is 7651 Baldwin Ave., Lincoln, NE 68507 and the name of the initial registered agent at such address is Frank J. Schmal, Jr.

ARTICLE V

The name and street address of the incorporator is as follows:

Darrell K. Stock  
1115 "K" St., Suite 104  
Lincoln, NE 68508

WITNESS my signature in execution hereof this 29th day of April, 2009.

  
\_\_\_\_\_  
Darrell K. Stock, Incorporator